

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-weight: bold; text-align: center;">10814161</div>		Filing Date	
				Applicant(s)			
				* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	10						
Total Depend	26						
Total Claims	36						

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
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Total Indep	10					
Total Depend	26					
Total Claims	36					

May be used for additional claims or amendments

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